PTO/SB/02B attached hereto.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

Declaration
OR Submitted after Initial

Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		48473/262367				
First Named Inventor		Lawrence A. Gould, et al.				
COMPLETE IF KNOWN						
Application Number	Nev	V				
Filing Date	Aug	ust <u>[0</u> , 2001				
Group Art Unit	Una	ssigned				
Examiner Name	Una	ssigned				

As a below named inventor, I hereby declare that:

international filing date of the continuation-in-part application

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHODS FOR DETECTING, COMPUTING AND DISSEMINATING LOCATION INFORMATION ASSOCIATED WITH EMERGENCY 911 WIRELESS TRANSMISSIONS

the specification of which (Title of the Invention)

is attached hereto
OR
was filed on (MM/DD/YYYY)
as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT

I hereby claim foreign priority benefits under 35 U S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)		Foreign Filing Date	Priority	Certified Copy Attached?		
	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO	
☐ Additional foreign application n	umbers are listed on a	supplemental priority data shee	t PTO/SB/02B attac	hed hereto.		
I hereby claim the benefit under 3	5 U.S.C. 119(e) of any	United States provisional applica	ation(s) listed below			
ApplicationNumber(s)	Filing Da	te (MM/DD/YYYY)				
			numbers a	provisional appl re listed on ental priority dat		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

								_		
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ Correspondence address below										
Name	23370									
Address	PATENT TRADEMARK OFFICE									
Address										
City State ZIP										
Country	Telephone								Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOL	E OR FIRST IN	VENTOR:] A petition h	as bee	n filed fo	or this	unsigned inventor	
Given Name Lawrence A. Gould Family Name or Surname Gould										
Inventor's Signature Austral - Souls Date OBIO9/01										
Residence: Cit	у	Sta	ate	С	Country			Citizenship		
Aventura		Flo	orida	U	USA			บร	SA	
Mailing Address 18181 North East 31 st Court, Suite 409										
Mailing Addres	is									
City		State		ZIP	P Country					
Aventura		FL		3316	160 USA					
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name John A. Stangle					Family Name or Surname Stangle					
Inventor's Signature			D	Date 08 09 (01						
Residence: Cit	sidence: City State		C	Country			Citizenship			
Parkland Florida			u	USA USA			USA			
Mailing Address 5930 N.W. 63 rd Place										
Mailing Address										
City		State			ZIP			Co	Country	
Parkland	FL			;	33067 USA			6A		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	New
Filing Date	August <u>10</u> , 2001
First Named Inventor	Lawrence A. Gould, et al.
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	48473/262367

I hereby ap	point:				···-			
	ners at Cus	stomer Number	23370			Number Bar Code		
<i>OR</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	(-)				Į	Labe <u>V</u> h ∮ r∮ / U		
☐ Practitio	ner(s) nam					PATENT TRADEMARK OF	FFICE	
<u> </u>		Name			Registration	on Number	↓	
							=	
F						***	-	
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.							
Please chan	ge the corre	espondence addre	ess for the above-ide	ntified a	oplication to:			
_	-	ed Customer Numl			' '			
OR								
Firm <i>or</i>	al Name							
Address								
Address								
City				State		ZIP		
Country								
Telephone				Fax				
I am the:								
Applica	ant.							
	ee of recor	d of the entire inte	rest. See 37 CFR 3	.71.				
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	Lawrence	A. Gould		,				
Signature State A. Vos								
Date August 9, 2001								
NOTE: Signatures of an the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Submit multip	ple forms if	more than one s	ignature is required	l, see b	elow*.			
★Total of 1 form is submitted.								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231